

Fact Sheet

August 2017

Program Alerts

On August 2, 2017, the Centers for Medicare & Medicaid Services (CMS) issued the IPPS final rule, which has implications for the Medicare and Medicaid Electronic Health Record Incentive Programs.

Changes to Clinical Quality Measures (CQMs)

For Program Year 2017, EHs and CAHs reporting CQMs electronically, the reporting period will be one self selected quarter of CQM data in CY 2017. If an EH or CAH is only participating in the EHR Incentive Program or is participating in both the EHR Incentive Program and the Hospital IQR Program, the EH or CAH will report on at least four (self-selected) of the available CQMs.

For Program Year 2018, EHs and CAHs reporting CQMs electronically, the reporting period will be one self-selected quarter of CQM data in CY 2018. For the Medicare EHR Incentive Program, the submission period for reporting CQMs electronically will be the two months following the close of the calendar year, ending February 28, 2019. EHs and CAHs participating only in the EHR Incentive Program or participating in both the EHR Incentive Program and the Hospital IQR Program, the EH or CAH will report on at least four (self-selected) of the available CQMs. EHs and CAHs that report CQMs by attestation under the Medicare EHR Incentive Program, as a result of electronic reporting not being feasible, and EHs and CAHs that report CQMs by attestation under their state's Medicaid EHR Incentive Program are required to report on all 16 available CQMs for the full CY 2018 (consisting of four quarterly data reporting periods).

Additionally, CMS finalized for EPs in the Medicaid EHR Incentive Program for Program Year 2017, the CQM reporting period to be a minimum of a continuous 90-day period during CY 2017. Also for Program Year 2017, CMS aligned the specific CQMs available to EPs participating in the Medicaid EHR Incentive Program with those available to clinicians reporting eCQMs via their EHR for the Merit-based Incentive Payment System (MIPS).

Changes to the Medicare and Medicaid EHR Incentive Programs

For 2018, CMS finalized the modification to the MU reporting period for participants attesting to CMS or their state Medicaid agency from the full year to a minimum of any continuous 90-day period during the calendar year.

CMS finalized the addition of a new exception from the Medicare payment adjustments for EPs, EHs, and CAHs, that demonstrate through an application process, that compliance with the requirement for being a meaningful EHR user is not possible because their CEHRT has been decertified under ONC's Health IT Certification Program. CMS also finalized an exception to the

2017 and 2018 Medicare payment adjustments for ambulatory surgical center (ASC)-based EPs and defining ASC-based EPs as those who furnish 75 percent or more of their covered professional services in an ASC, using Place of Service (POS) code 24 to identify services furnished in an ASC.

CMS also finalized policies to allow healthcare providers to use either 2014 Edition CEHRT, 2015 Edition CEHRT, or a combination of 2014 Edition and 2015 Edition CEHRT, for Program Year 2018. This policy is based on our ongoing monitoring of the deployment and implementation status of EHR technology certified to the 2015 Edition and feedback by stakeholders who requested more time for the transition process.

For more information:

<u>Fact Sheet</u> <u>Press Release</u> Federal Register

Important Dates for Eligible Professionals, Eligible Hospitals and Critical Access Hospitals:

January 1, 2017

Reporting year begins for Program Year 2017.

• September 2017

Targeted go live date for Program Year 2017.

October 1, 2017

First-time Participants CY 2017 EHR Reporting Period Attestation Deadline.

Deadline to submit a hardship application for the 2018 payment adjustment for EPs who have not successfully demonstrated meaningful use in a prior year under the EHR Incentive Program and are transitioning to Merit-Based Inpatient Payment System (MIPS) in 2017.

• December 31, 2017

Reporting year ends for Program Year 2017.

February 28, 2018

For the CY 2017 reporting period, hospitals participating in the Hospital Inpatient Quality Reporting (IQR) Program must self-select and successfully report on a minimum of 8 of the 15 available eCQMs utilizing EHR technology certified to the 2014 or 2015 Edition through the *QualityNet Secure Portal*.

March 31, 2018

Deadline to submit Program Year 2017 attestations.

2021

Last year to receive Medicaid EHR incentive payment.

KHIE Connection

Kentucky Health Information Exchange (KHIE) is the Public Health Authority in the Commonwealth for the public health measures within the EHR Incentive Program. In order to be deemed a Meaningful User the provider must have a signed Participation Agreement and signed addendum(s) on file with KHIE for each public health objective selected for attestation. Public Health guidance is available on the EHR website as well as the KHIE website.

Governor's Office of Electronic Health Information Kentucky Health Information Exchange 8 Mill Creek Park, Frankfort, KY 40621

Email: khie@ky.gov Phone: 502-564-7992 Web: http://khie.ky.gov

Office Hours: Monday – Friday 8 a.m. – 4:30 p.m.

Kentucky Medicaid EHR Incentive Program Status, August 7, 2017

	Registrations	Completed Attestations	Total Paid	Amount Paid
Hospitals	95	294	270	\$133,577,270.60
Providers	5,171	9,361	7,946	\$118,278,917.91
Totals	5,266	9,655	8,216	\$251,856,188.51

Kentucky Medicare EHR Incentive Program Status, July 2016

Total Payments to EPs and EHs: 10,806 Total Amount Paid: \$379,086,957.18

For Assistance with Meaningful Use

Regional Extension Centers (REC)

- Kentucky REC at the University of Kentucky: http://kentuckyrec.com/
- Kentucky Rural Health Information Organization: http://nekyrhio.org/

Kentucky Medicaid

- Medicaid EHR website http://chfs.ky.gov/dms/ehr.htm
- Send an email to <u>ehrincentives@ky.gov</u>
- Send an email from Send E-mail function at https://prdweb.chfs.ky.gov/KYSLR/Login.aspx
- Submit an Issue/Concern through attestation website